

UNITED STATES DISTRICT COURT  
for the  
Western District of Tennessee

Lashondra Henderson

Plaintiff(s)

v.

Lincare/United Medical, Inc.

Defendant(s)

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Civil Action No. 17-2599 JTF dkv

**SUMMONS IN A CIVIL ACTION**

To: (*Defendant's name and address*) Lincare/United Medical, Inc.  
19387 US Highway 19 North  
Clearwater, FL 33764

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Lashondra Henderson

3525 Philsdale Ave.  
Memphis, TN 38111

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 12/11/2017



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Civil Action No. 17-2599 JTF dkv

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)*  
 was received by me on *(date)* 12/14/17.

I personally served the summons on the individual at *(place)* \_\_\_\_\_  
 on *(date)* \_\_\_\_\_; or

I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_,  
 a person of suitable age and discretion who resides there,  
 on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* \_\_\_\_\_, who is  
 designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
 on *(date)* \_\_\_\_\_; or

I returned the summons unexecuted because \_\_\_\_\_; or

Other *(specify)*: Yedex 771183870308

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 1/10/18

Server's signature

Printed name and title

**U.S. Marshals Service**  
**1072 Federal Bldg.**  
**167 N. Main Street**  
**Memphis, TN 38103**

Server's address

Additional information regarding attempted service, etc:



January 23, 2018

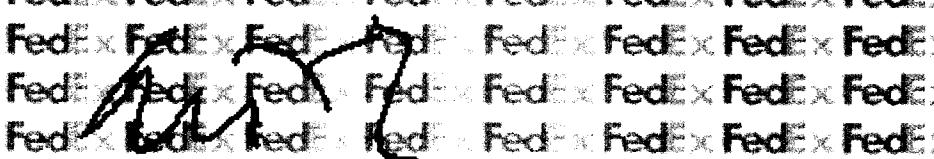
Dear Customer:

The following is the proof-of-delivery for tracking number **771183870308**.

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**Delivery Information:**

Status:	Delivered	Delivered to:	Guard/Security Station
Signed for by:	R.HERNANDEZ	Delivery location:	19387 US HIGHWAY 19 N CLEARWATER, FL 33764
Service type:	FedEx Express Saver	Delivery date:	Jan 16, 2018 10:21
Special Handling:	Deliver Weekday		
	Adult Signature Required		



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**Shipping Information:**

Tracking number:	771183870308	Ship date:	Jan 11, 2018
		Weight:	0.5 lbs/0.2 kg

**Recipient:**

Lincare United Medical inc  
Lincare/United Medical inc  
19387 US Highway 19 north  
CLEARWATER, FL 33764 US

**Reference**

**Shipper:**

Letitia Grittman  
United States Marshals Service  
167 N Main St Room 1072  
Memphis, TN 38103 US

17CV2599 Henderson v Lincare

Thank you for choosing FedEx.

**U.S. Department of Justice**  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

*See "Instructions for Service of Process by U.S. Marshal"*

PLAINTIFF Lashondra Henderson	COURT CASE NUMBER 17-2599 jtf DV
DEFENDANT Lincare/United Medical, Inc.	TYPE OF PROCESS Summons, Order and Complaint

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**Lincare/United Medical, Inc.**  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
**19387 US Highway 19 North, Clearwater, FL 33764**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
<input checked="" type="checkbox"/> Lashondra Henderson 3525 Philsdale Ave. Memphis, TN 38111	<input type="checkbox"/>
	Number of parties to be served in this case
	<input type="checkbox"/> Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

*Please see order*

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT
	TELEPHONE NUMBER
	DATE
	12/11/17

### SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk	Date
		76	76	<i>16</i>	<i>12/11/17</i>

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
	Date <i>1/10/18</i> Time <input type="checkbox"/> am <input type="checkbox"/> pm

Address (complete only different than shown above)	Date <i>1/10/18</i> Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy <i>J. ASHL, G.W.</i>

Service Fee <i>8<sup>00</sup></i>	Total Mileage Charges including endeavors) <i>8<sup>00</sup></i>	Forwarding Fee <i>8<sup>00</sup></i>	Total Charges <i>8<sup>00</sup></i>	Advance Deposits <i>8<sup>00</sup></i>	Amount owed to U.S. Marshal* or (Amount of Refund*) <i>8<sup>00</sup></i>
					<b>\$0.00</b>

REMARKS: *Fedex 771183870308*

**DISTRIBUTE TO:**

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

*DHS*